Community Tie 'America, Inc 45-955 Kamehameh Jighway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name:

Da Ayling, RN

Address: 708 Palekaua St. Honolulu, HI 96816

Adult Day Care Center (ADCC) Deficiency Report

Date of R	eview: 5/10/2017	Date Corrective Action Plan is Due:	Deficiency Report
		2 37 Substitution Figure 5 Due.	End Date:
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	11	Administration	
ок	12	Personnel and Staffing	
ок	13	Admissions	
ок	14	Participant Fees	
ок	15	Transportation	
ок	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	
e CTA C	ompliance Manager	has reviewed the above items with me	and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a
itten plan	of correction to CTA	A within the timeframe stated above.	and provide a
INT NAM	If this box is check	ked then I understand that I met all re	equirements and no corrective action is required
GNATUR	E: -	Okista Mapli, A	Date: 5 10 2017
mpliance	Manger Signature _	Dhrey A Hall	12 Date: 5/10/17